

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10070,338</td> </tr> <tr> <td>Filing Date</td> <td>12/12/2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Karam</td> </tr> <tr> <td>Title</td> <td>METHOD AND APPARATUS FOR CHAR</td> </tr> <tr> <td>Art Unit</td> <td>244</td> </tr> <tr> <td>Examiner Name</td> <td>BENGZON, GREG C.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>436DMG-11-PUS</td> </tr> </table>	Application Number	10070,338	Filing Date	12/12/2002	First Named Inventor	Karam	Title	METHOD AND APPARATUS FOR CHAR	Art Unit	244	Examiner Name	BENGZON, GREG C.	Attorney Docket Number	436DMG-11-PUS
Application Number	10070,338														
Filing Date	12/12/2002														
First Named Inventor	Karam														
Title	METHOD AND APPARATUS FOR CHAR														
Art Unit	244														
Examiner Name	BENGZON, GREG C.														
Attorney Docket Number	436DMG-11-PUS														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

22442

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

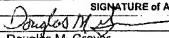
I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE OF Applicant or Assignee of Record

Signature		Date	5-26-2009
Name	Douglas M. Grover	Telephone	303-538-4926
Title and Company	Avaiva Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.